

NOTICE OF TERMINATION OF APPOINTMENT

Please terminate my/our appointment with:

Full and exact name as shown on Certificate of Authority or License:	
Trade Name (dba) if applicable:	
Certificate of Authority or License Number ³ :	Vendor ID Number ³ :
¹ Effective date of appointment termination:	
<p>This appointment is being terminated <input type="checkbox"/> with cause <input type="checkbox"/> without cause.</p> <p>If “with cause,” please explain (attach sheet, if necessary):</p>	

TERMINATING PARTY:	
Full and exact name as shown on Certificate of Authority or License:	
Trade Name (dba) if applicable:	
Certificate of Authority or License Number ³ :	Vendor ID Number ³ :

Signature of Terminating Party ²	Print name of signer	Date signed
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¹ Refer to the Hawaii Revised Statutes §431:9A -115.

² If Terminating Party is: (a) a licensed individual then the individual must sign; (b) a licensed agency then a Designated Representative must sign; or (c) an authorized insurer then it is the insurer's responsibility that an authorized individual sign on their behalf.

³ You can look up this information on our website, <http://www.ehawaii.gov/org/serv/hils>.

Incomplete forms will be rejected.

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614
(Express mail only: 250 South King Street – Fifth Floor, Honolulu HI 96813-4586)

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